

KANSAS MEDICAID STATE PLAN

Revision: HCFA - Region VII  
AUGUST 1990

ATTACHMENT 3.1-B  
Page 8a

STATE Kansas

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA'89):

Provided: ☐ No Limitations ☐ With Limitations\* ☒

\* Description provided on attachment.

TN#MS-90-35 Approval Date 10/4/90 Effective Date 7/1/90 Supersedes TN#Nothing

State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY  
NEEDY GROUP(S): \_\_\_\_\_  
\_\_\_\_\_

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

\_\_\_\_\_ provided      x not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

\_\_\_ provided:    \_\_\_ State Approved (Not Physician) Service Plan Allowed  
                  \_\_\_ Services Outside the Home Also Allowed  
                  \_\_\_ Limitations Described on Attachment

x not provided

State: KANSAS

Citation: AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDI-  
1905(a)(26) CALLY NEEDY GROUP(S): \_\_\_\_\_  
and 1934 \_\_\_\_\_

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

☒ Provided  
☐ Not Provided

SEP 07 1999

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